

ector's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 15, 2011

| Employee Name: | | Sunday 01/09/11 | Monday 01/10/11 | Tuesday 01/11/11 | Wednesday 01/12/11 | Thursday 01/13/11 | Friday 01/14/11 | Saturday 01/15/11 |
|---|----------------------------|-----------------|--------------------|------------------|--------------------|-------------------|--------------------|-------------------|
| bett,Kate 61000 Employee Signature | Day: In - Out | | 7:40 3:10 | 7:30 3:30 | | 7:25 2:55 | 7:50 2:50 | |
| | Lunch: Out - In | | 12:00 12:30 | 12:00 12:30 | | 12:00 12:30 | 12:00 12:30 | |
| | Outside Duty: From - To | | | | | | | |
| | | | 0.5 hr Vacation | | SND | | 0.5 hr Vacation | 1 hr Vacation |
| jardins, Stacey 0-9745 Employee Signature | Day: In - Out | | 8:25 4:25 | 7:10 5:10 | | 7:15 4:45 | 7:50 | |
| | Lunch: Out - In | | 12:00 12:30 | 12:00 12:30 | | 12:00 12:30 | | |
| | Outside Duty: From - To | | | | | | | 9:45 |
| | | | 2.0 hr OT | SND | 1.5 hr OT | middlesey Sup. | | |
| okhan, Annie 61000 Employee Signature | Day: In - Out | | 5:45 4:00 | 6:45 4:15 | 6:45 | 6:45 4:15 | 6:45 4:00 | |
| | Lunch: Out - In | | 12:00 12:30 | 12:00 12:30 | | 12:00 12:30 | | |
| | Outside Duty: From - To | | | | | | | 9:45 2:00 |
| | | | 1.25 hr OT | 1.5 hr OT | SND | 1.5 OT | 1.25 OT | middlesey Sup. |
| isca,Daniela 61000 Employee Signature | Day: In - Out | | 6:45 5:45 | 6:45 4:45 | 6:45 | 6:45 2:45 | | |
| | Lunch: Out - In | | 1:00 1:30 | 1:00 1:30 | | 1:15 1:45 | | |
| | Outside Duty: From - To | | | | | | | |
| | | | 3.0 hr OT | 2.0 hr OT | SND | | middlesey SND | |
| | | | | | | | | |

ector's Signature:

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-Boston Drug Lab

Week Ending: January 15, 2011

| Employee Name: | | Sunday 01/09/11 | Monday 01/10/11 | Tuesday 01/11/11 | Wednesday 01/12/11 | Thursday 01/13/11 | Friday 01/14/11 | Saturday 01/15/11 |
|--|--|-----------------|---------------------|------------------|--------------------|-------------------|-----------------|-----------------------|
| zzer, Lisa 61000 <i>Lisa Manger</i> Employee Signature | Day: In - Out | | 6:45 | 3:30 | 6:45 2:45 | | 6:50 2:50 | 6:45 2:45 |
| | Lunch: Out - In | | 12:00 | 12:30 12:00 | 12:30 | | 12:00 12:30 | 12:00 12:30 |
| | Outside Duty: From - To | | BMC 12:50 3:30 | | | | | |
| | Document exceptions or comments, indicate type and amount. | | 0:75 Comp earned | | | SNO | | |
| Mer, Michael 61000 <i>Mike Mer</i> Employee Signature | Day: In - Out | | 6:25 | 4:25 | 8:00 6:00 | | 8:55 6:25 | 8:10 5:30 9:30 5:00 |
| | Lunch: Out - In | | 11:45 | 2:10 | 14:0 | 2:10 | 2:15 3:15 | 10:40 12:35 2:20 2:50 |
| | Outside Duty: From - To | | | | | | | |
| | Document exceptions or comments, indicate type and amount. | | | OT 2:0 | SNO | OT 1:5 | | OT 7:0 |
| Dina, Nicole 61000 <i>Dina</i> Employee Signature | Day: In - Out | | | | | | | |
| | Lunch: Out - In | | | | | | | |
| | Outside Duty: From - To | | | | | | | |
| | Document exceptions or comments, indicate type and amount. | | MUM | MUM | MUM | MUM | MUM | |
| Iren, Elisabeth 61000 <i>Elisabeth</i> Employee Signature | Day: In - Out | | 7:30 | 4:30 | 7:30 2:30 | | 7:40 2:40 | 7:35 2:35 |
| | Lunch: Out - In | | 11:30 | 12:00 | 11:30 12:00 | | 11:30 12:00 | 11:30 12:00 |
| | Outside Duty: From - To | | | | | | | |
| | Document exceptions or comments, indicate type and amount. | | VAC 0:5 | | SNO | | | |

ector's Signature:

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 15, 2011

| Employee Name: | | Sunday 01/09/11 | Monday 01/10/11 | Tuesday 01/11/11 | Wednesday 01/12/11 | Thursday 01/13/11 | Friday 01/14/11 | Saturday 01/15/11 |
|--|------------------------------------|------------------|-----------------|----------------------|--------------------|-------------------|-----------------|-------------------|
| lips, Gloria 61000 | Employee Signature <i>DLS</i> | Day: In - Out | | | | | | |
| | Lunch: Out - In | | | | | | | |
| | Outside Duty: From - To | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | | | | | | |
| o, Peter 61000 | Employee Signature <i>P. B. S.</i> | Day: In - Out | 645 515 | 645 645 | | 645 545 | 655 608 | 645 545 |
| | Lunch: Out - In | 12 1230 | 12 1230 | | | 12 1230 | 12 1230 | 12 1230 |
| | Outside Duty: From - To | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | | | | | | |
| iczkowski, Daniel 61000 | Employee Signature <i>D. C.</i> | Day: In - Out | 645 245 | 645 245 | | 645 245 | 645 245 | |
| | Lunch: Out - In | 1200 1230 | 1200 1230 | | | 1200 1230 | 1200 1230 | |
| | Outside Duty: From - To | | | Shattuck 840 1000 | | | | |
| Document exceptions or comments, indicate type and amount. | | | | | | | | |
| ague, Shirley 61000 | Employee Signature <i>H. Rogue</i> | Day: In - Out | 915 515 | 915 515 915 | | 915 575 | 915 515 | |
| | Lunch: Out - In | 100 130 | 100 130 | | | 100 130 | 100 130 | |
| | Outside Duty: From - To | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | | | | | | |

irector's Signature:

CRB

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 15, 2011

| Employee Name: | | Sunday 01/09/11 | Monday 01/10/11 | Tuesday 01/11/11 | Wednesday 01/12/11 | Thursday 01/13/11 | Friday 01/14/11 | Saturday 01/15/11 | |
|---|------------------------|----------------------------|-----------------|------------------|--------------------|-------------------|---------------------|-------------------|--|
| Zan, Zhi 161000 | <i>Zhi</i> | Day: In - Out | | 6:45 7:45 | 6:45 7:45 | | 6:45 8:45 | | |
| | | Lunch: Out - In | | 12:00 12:30 | 12:00 12:30 | | 12:00 12:30 | | |
| | | Outside Duty: From - To | | | | | | | |
| Employee Signature | | SNO ✓ Sick 7.5 ✓ | | | | | | | |
| cument exceptions or comments, indicate type and count. | | SNO ✓ 0.75 hr VAC! | | | | | | | |
| Zan, Mai 161000 | <i>Mai</i> | Day: In - Out | | 8:30 9:30 | | | 9 3 | | |
| | | Lunch: Out - In | | | | | | | |
| | | Outside Duty: From - To | | | | | | | |
| cument exceptions or comments, indicate type and count. | | SNO ✓ 0.75 hr VAC! | | | | | | | |
| Connelly, Janice 61000 | <i>Janice Connelly</i> | Day: In - Out | | 6-4- 8:05 4:05 | | | 8:10 4:10 8:15 4:15 | | |
| | | Lunch: Out - In | | 1- 13:0 13:0 2- | | | 1- 13:0 1- 13:0 | | |
| | | Outside Duty: From - To | | | | | | | |
| cument exceptions or comments, indicate type and count. | | SNO ✓ | | | | | | | |
| Folk, OIG_PRR_002775 | | Day: In - Out | | | | | | | |
| | | Lunch: Out - In | | | | | | | |
| | | Outside Duty: From - To | | | | | | | |
| cument exceptions or comments, indicate type and count. | | | | | | | | | |

Employee Signature

cument exceptions or comments, indicate type and count.

rector's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2046- Fiscal Services

Week Ending: January 15, 2011

| Employee Name: | | Sunday 01/09/11 | Monday 01/10/11 | Tuesday 01/11/11 | Wednesday 01/12/11 | Thursday 01/13/11 | Friday 01/14/11 | Saturday 01/15/11 |
|---|---|-----------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|
| lemi, Charles 61000 <i>Charles Lemani</i> Employee Signature | Day: In - Out | | 950 | 605 | | | 1015 | 545 |
| | Lunch: Out - In | | 1305 | 1250 | | | 1205 | 1240 |
| | Outside Duty: From - To | | | | | | | |
| | Document exceptions or comments, indicate type and count. | | | MOSRS 7.5 | SNO | VAC 0.5 | CIAH 12/24 | |
| inders, Della 61000 <i>Della Inders</i> Employee Signature | Day: In - Out | | | | | 6:45 | 2:45 | 6:45 |
| | Lunch: Out - In | | | | | 1:25 | 1:55 | 1:30 |
| | Outside Duty: From - To | | | | | | 2:00 | 1:30 |
| | Document exceptions or comments, indicate type and count. | | VAC 7.5 | 81C 7.5 | SNO | OT 40 hrs | OT 7.5 hrs | |
| | Day: In - Out | | | | | | | |
| | Lunch: Out - In | | | | | | | |
| | Outside Duty: From - To | | | | | | | |
| | Document exceptions or comments, indicate type and count. | | | | | | | |
| | Day: In - Out | | | | | | | |
| | Lunch: Out - In | | | | | | | |
| | Outside Duty: From - To | | | | | | | |
| | Document exceptions or comments, indicate type and count. | | | | | | | |

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: January 10 - January 15, 2011

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog
of samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 4516-1000

Approval:

Supervisor: C. Salem Date: 1/13/11

Department Head: _____ Date: _____

Denial reason: _____

| Name | Employee ID# | Overtime earned | Name | Employee ID # | Overtime earned |
|-------------------|--------------|-----------------|-------------------|---------------|-----------------|
| Stacey Desjardins | 342343 | 3.5 | Andrea Kazakowski | 297673 | 128 |
| Annie Dukhan | 275153 | 5.5 | Zhi TAN | 148724 | 7.5 |
| Daniela Frasca | 241373 | 5.0 | Della Saunders | 147387 | 11.5 |
| Michael Lawler | 170459 | 11.0 | | | |
| Perke Ren | 138684 | 30.0 | | | |